

Registration Form

Winter
RETREAT

February 10–12, 2017 • Spruce Lake Retreat Center in Canadensis, PA • Ages 12-17 Welcome

Drop-off & Pick-up Times

- Students may arrive on Friday, February 10 between 5:00–7:00 p.m.
- Students must be picked up by 12:30 p.m. on Sunday, February 12 (see page 2 for Parent's Lunch Option)
- More details will be emailed after this completed registration form is received.

Registration Information

Student's Name: _____

Date of Birth: _____ Current Age: _____ Currently in Grade: _____

Home Address: _____

Parent/Guardian's Name: _____

Email Address: _____

(Please use an active email address, as we now email our registration confirmations as well as inclement weather updates.)

Primary Phone: _____

(Please use the best number where the parent/guardian can be reached in case of emergency.)

Emergency Contact: _____

Emergency Contact's Phone: _____

Home Parish: _____

Medical Information

Please attach a photocopy of the applicant's medical insurance card, in case of an emergency.

Please list any medicines (with doses), allergies, or health conditions of concern:

My child may self-dispense his or her medicines during the Winter Retreat (if applicable): YES NO

Does the applicant have any food allergies? YES NO

Please describe (if applicable): _____

Check-Out

Person or group to whom the participant should be released on Sunday, Feb. 12, 2017:

(For security, we will not release the participant to a person or group not listed on this form.)

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Guardian Permission/Release

I am the parent/legal guardian of the participant named on the previous page of this document. I hereby release and forever discharge the Orthodox Church in America (OCA), the OCA Diocese of Philadelphia and Eastern Pennsylvania (DOEPA), the Office of Young Adult Activities (OYAA), and each and every one of their officers, directors, employees, volunteers, insurers, attorneys, or any other person(s) associated with them, from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by them relative to the health, sickness, and treatment of the participant. In the event that I cannot be reached in the case of an emergency, I do authorize a physician selected by the coordinators of this event to administer emergency treatment, including medication, diagnostic tests, surgery, or other medical intervention deemed necessary. I understand that the coordinators reserve the right to remove the participant from the event, should said participant engage in behavior deemed to be unacceptable, including the use or possession of illegal drugs or weapons, or participating in inappropriate sexual behavior. I also permit the participant to be photographed or filmed at this event with the knowledge that the resulting imagery may be used by the OCA, DOEPA, OYAA their assigns or successors, in whatever way they may desire, including newspaper, audiovisual productions, television, radio, internet, social media, and other public relations purposes. I understand that the participant must be picked up no later than 12:30 p.m. on Sunday, February 12, 2017, and I give the coordinators permission to remove the participant from the premises and arrange an alternative pick-up location if the participant should remain later than that time.

I, the undersigned, have read this release and understand all the terms. I execute it voluntarily on behalf of myself and the participant named above and with full knowledge of the significance to bind all persons. In witness whereof, I have signed this release on the date indicated below:

Guardian's Name: _____

Signature: _____

Date: _____ **Relationship:** _____

Payment & Deadlines

Registration Fee Structure

Please be mindful of the following dates to maximize the per-person fee for this event. Reservations will be made in the order they are received. Space will be filled until no open beds remain. Fees are non-refundable after January 25.

- \$120: Early Bird Registration Fee**
Postmarked by Dec. 15
- \$140: Regular Registration Fee**
Postmarked between Dec. 16–Jan. 16
- \$160: Slowpoke Registration Fee**
Postmarked between Jan. 17–25

Parent Lunch Option

We invite parents to join us for Liturgy on Sunday morning at 9:30 a.m. Parents may opt to join us at the lunch buffet following Liturgy. There is a \$17.00 lunch fee per adult, to be paid in advance. This additional fee is for parents only, since our participants receive the Sunday lunch buffet as part of the Retreat package.

- I plan to participate in the Parent Lunch Option for \$17.00 per adult, x ____ . **Total:** \$_____

With This Completed Form, Please Enclose:

- Payment for the tuition fee, according to postmark date and rates listed above. Checks may be made payable to the Diocese of Eastern PA.
- Payment for the optional Parent Lunch Option, if applicable.
- A copy of the participant's health insurance card

Mail Forms To:

Kimberly Metz
52 S. Lea Street
Macungie, PA 18062

Questions? For more information, please e-mail retreat@ocayouth.org or call **570-493-0108**.